RECD S.E.O.

# FORM D

UNITED STATES **ECURITIES AND EXCHANGE COMMISSION** Washington, D.C. 20549

FORM D

Ę OF SALE OF SECURITIES Pursuant to regulation d, SECTION 4(6), AND/OR

ÉÖŘM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 1080 Expires:

Estimated average burden hours per response. . . . . 16.00

| SEC USE ONLY  |        |  |  |  |  |
|---------------|--------|--|--|--|--|
| Prefix        | Serial |  |  |  |  |
|               |        |  |  |  |  |
| DATE RECEIVED |        |  |  |  |  |
| 1             |        |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)                           |   |
|--|---|
| Martinez-5354 Pulaski PA   |   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section  | 4(6) ULOE                                     |
| Type of Filing:  |   |
| A. BASIC IDENTIFICATION DATA   |   |
| 1. Enter the information requested about the issuer  | 06062488                                      |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                             |   |
| Blue Moon Capital, LLC   |   |
| Address of Executive Offices (Number and Street, City, State, Zip Coo  | de) Telephone Number (Including Area Code)    |
| 1099 18th St., Suite 1725, Denver, CO 80202  | 720-224-9900                                  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Co (if different from Executive Offices) | de) Telephone Number (Including Area Code)    |
| Brief Description of Business  |   |
| Real Estate Private Placements   |   |
| Type of Business Organization  |   |
| corporation limited partnership, already formed  ot  | ner (please specify): Property Mgmt Agreement |
| business trust limited partnership, to be formed   | -nuce33EI                                     |
| Month Year   | D MOU D D DOOD                                |
| Actual or Estimated Date of Incorporation or Organization:   | Estimated Q NOV 2 9 2006                      |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for                  |   |
| CN for Canada; FN for other foreign jurisdiction)  |   |

# **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

EINANCIAL

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each'general and managing partner of partnership issuers. Director Promoter General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Blue Moon Capital, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1099 18th St., Suite 1725, Denver, CO 80202 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Lemon, Robert L. Business or Residence Address (Number and Street, City, State, Zip Code) 1099 18th St., Suite 1725, Denver, CO 80202 General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer ☐ Beneficial Owner General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| Г  |   |                      |                |                      | B. 15                | FORMATI              | ON ABOU              | T OFFERI             | NG                   |                      |                      |                      |                      |
|--|---|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| I Harth investors in this offering?  |   |                      |                |                      |                      |                      |                      | Yes                  | No<br>💌              |                      |                      |                      |                      |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |   |                      |                |                      |                      |                      | <u>L</u>             |                      |                      |                      |                      |                      |                      |
| 2. What is the minimum investment that will be accepted from any individual?                             |   |                      |                |                      |                      |                      | § 111,961.00         |                      |                      |                      |                      |                      |                      |
|  | •   | •                    |                |                      |                      |                      |                      |                      |                      |                      |                      | Yes                  | No                   |
| 3.   |   |                      | permit joint   |                      |                      |                      |                      |                      |                      |                      |                      | K                    |                      |
| 4.   | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|  | l Name (I<br>eda, Rola  |                      | first. if indi | ividual)             |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|  |   |                      | Address (N     | lumber and           | l Street Ci          | tv State 7           | in Code)             |                      |                      |                      |                      |                      |                      |
|  |   |                      | 750, Denve     |                      |                      | iy, biaic. Z         | ip code;             |                      |                      |                      |                      |                      |                      |
|  |   |                      | oker or De     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|  | -   | Financial,           |                |                      |                      |                      |                      | •                    |                      |                      |                      |                      |                      |
| Stat   |   |                      | Listed Has     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|  | (Check  | "All States          | or check       | individual           | States)              |                      | •••••                | •••••                | •••••                |                      |                      | ☐ All                | States               |
|  | AL. IL. MT  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NW<br>VT       | MD<br>NC<br>VA       | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |
| Ful  | Full Name (Last name first, if individual)  |                      |                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Bus  | siness or   | Residence            | Address (1     | Number an            | d Street, C          | ity, State, 2        | Zip Code)            |                      |                      |                      |                      |                      | <del></del>          |
| Nar  | me of Ass   | ociated Br           | oker or De     | aler                 | <del> </del>         | <u></u>              |                      | _                    |                      |                      | _                    |                      |                      |
| Sta  | tes in Wh   | ich Person           | Listed Has     | s Solicited          | or Intends           | to Solicit l         | Purchasers           |                      |                      |                      |                      |                      |                      |
|  | (Check  | "All States          | or check       | individual           | States)              |                      |                      |                      |                      |                      | ••••••               | ☐ AI                 | l States             |
|  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | KS<br>NH<br>TN       | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful  | l Name (l   | ast name             | fīrst, if indi | ividual)             |                      |                      | <del></del> -        |                      |                      |                      |                      |                      |                      |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                 |   |                      |                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Name of Associated Broker or Dealer  |   |                      |                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers                             |   |                      |                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| (Check "All States" or check individual States)  |   |                      |                |                      |                      |                      | ☐ Al                 | l States             |                      |                      |                      |                      |                      |
|  | AL<br>IL<br>MT  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and  |                             |                            |
|----|--|-----------------------------|----------------------------|
|    | already exchanged.  Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold     |
|    | Debt   | 0.00                        | s 0.00                     |
|    | Equity   | . 0.00                      |                            |
|    | Common Preferred   | <u> </u>                    | Ψ                          |
|    | Convertible Securities (including warrants)  | 0.00                        | 0.00<br>\$                 |
|    | Partnership Interests  | · 0.00                      | \$ 0.00                    |
|    | Other (Specify Property Mgmt Contract)   |                             | \$ 111,961.00              |
|    | Total  | 111.961.00                  | s_111,961.00               |
|    | Answer also in Appendix, Column 3. if filing under ULOE.   | D                           |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number                      | Aggregate<br>Dollar Amount |
|    |  | Investors                   | of Purchases               |
|    | Accredited Investors   | 1                           |                            |
|    | Non-accredited Investors   | 0                           | \$ <u>0.00</u>             |
|    | Total (for filings under Rule 504 only)  |                             | _ \$                       |
|    | Answer also in Appendix. Column 4, if filing under ULOE.   |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                            |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold      |
|    | Rule 505   |                             | <u> </u>                   |
|    | Regulation A   |                             | . \$                       |
|    | Rule 504   |                             | <b>\$</b>                  |
|    | Total  |                             | s_0.00                     |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees  | [                           | \$                         |
|    | Printing and Engraving Costs   | [                           | \$ 0.00                    |
|    | Legal Fees   |                             | <b>5</b> 500.00            |
|    | Accounting Fees  | •                           | <b>7</b> \$ 1,000.00       |
|    | Engineering Fees   | _                           | \$ 0.00                    |
|    | Sales Commissions (specify finders' fees separately)   | •                           | \$ 3,261.00                |
|    | Other Expenses (identify) Fed-Ex, Office Supplies, Regn Fees   | •                           | <b>7</b> \$ 1,000.00       |
|    | Total  | •                           | \$ 5,761.00                |

|           | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI  | ROCEEDS  |  |
|-----------|---|--|--|
|           | Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross roceeds to the issuer."  |  | \$   |
| °ea<br>ch | dicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for ach of the purposes shown. If the amount for any purpose is not known, furnish an estimate and neck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross roceeds to the issuer set forth in response to Part C — Question 4.b above. |  |  |
| •         |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                              |
| Sa        | alaries and fecs  | <b>]</b> \$_0.00                                       | S 0.00   |
|           | urchase of real estate  |  | s 0.00   |
| Pu<br>an  | urchase, rental or leasing and installation of machinery  nd equipment  | s_0.00   | \$ <u></u>   |
|           | onstruction or leasing of plant buildings and facilities  |  | s 0.00   |
| A of      | equisition of other businesses (including the value of securities involved in this fering that may be used in exchange for the assets or securities of another suer pursuant to a merger)   |  | S  |
| R         | cpayment of indebtedness  | _ \$_0.00  | S 0.00   |
|           | orking capital  | \$ <u>0.00</u>   | S 106,200.00                                       |
|           |   | \$ 0.00  | s 0.00   |
| _         |   | ss   | so.oo  |
| C         | olumn Totals  |  | _ 🗸 \$ 106,200.00                                  |
|           | otal Payments Listed (column totals added)  |  | 06,200.00  |
|           | D. FEDERAL SIGNATURE  |  |  |
| ignati    | suer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ure constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R   | sion, upon writt                                       | ule 505, the following<br>en request of its staff. |
| ssuer     | (Print or Type) Signature   | Date 11 / 16/  | lv   |
| Blue I    | Moon Capital, LLC   |  | υφ<br>   |
|           | of Signer (Print or Type) Title of Signer (Print of Type)   |  |  |
| obert     | L. Lemon Managing Member  |  |  |
|           |   |  |  |

# - ATTENTION -